Missouri
School Health Profiles:
2014 Key Findings

Missouri Department of Health and Senior Services Gail Vasterling, Director

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The School Health Profiles

The School Health Profiles survey has been conducted every even-numbered year since 1994 by the Missouri Department of Elementary & Secondary Education (DESE) in collaboration with the U.S. Centers for Disease Control and Prevention (CDC). School buildings with any of the grades six through 12 in which grade six is not the highest grade in the building are randomly selected to participate. Two different questionnaires are sent to the building principal – one for the principal and another for the person designated as the lead health education teacher. The principal survey addresses school health policies and programs while the teacher survey focuses on health-related curriculum and instruction. Both surveys were developed by the CDC.

In 2014, 387 secondary schools were randomly selected to participate from which 289 principals (75 percent) and 294 lead health education teachers (76 percent) completed questionnaires. The response rates were sufficient to generalize results to regular and charter public secondary schools each year the survey has been conducted in Missouri.

A special thank you is extended to the principals and teachers for completing the questionnaires, and to the staff at DESE who administered the survey. Without their cooperation, this important information would not be available.

The 2014 School Health Profiles Key Findings

This report highlights changes in School Health Profiles (SHP) results over several years that the survey has been conducted in Missouri. Different years of data are reported due to questions being added throughout the years. Trends are identified in key indicators that provide important information about the state of school health programs and policies in Missouri public secondary schools. The intent is to raise awareness about areas where efforts may be improved to support the health of students.

In summary, the 2014 SHP found an increase in the percentage of secondary schools that:

- ✓ Included mental health or social services staff on the school health advisory group
- ✓ Had policies that prohibit tobacco use by students, staff and visitors on school property and at off-campus events
- ✓ Did not sell snack foods and beverages high in fat and calories to students
- ✓ Did not allow advertising of foods and beverages high in fat and calories
- ✓ Always or almost always offered fruits and non-fried vegetables at school celebrations
- ✓ Taught required health education courses in grades six through 12
- ✓ Taught about condom use to students in grades 6-8

The 2014 SHP revealed a decline in the percentage of secondary schools that had:

- ➢ A designated coordinator of school health
- ➢ A school health advisory council or group
- ➢ Parent and community representation on the school health advisory group
- ➢ Conducted an assessment of health-related programs and policies
- ➢ Written health education and physical education student goals and objectives
- ➢ Opportunities for physical activity outside of physical education class
- ➢ Health and physical education teachers receiving professional development
- ➢ Taught certain HIV, other STDs and pregnancy prevention topics to students in grades 6-8

School Health Coordination and Leadership

The percentage of secondary schools with a designated **coordinator** of school health and safety programs declined significantly from 98.5 percent in 2008 to 90.2 percent in 2014. The percentage of schools that had a **school health advisory** council or other group providing guidance on school health issues also declined significantly from 78.2 percent in 2008 to 55.9 percent in 2014. Representation on advisory groups declined for several groups, but increased for mental health or social services staff.

Percentage of secondary schools with representation on school health advisory groups from:	**2008**	**2010**	**2012**	**2014**
Health services staff	94.3	89.5	87.6	86.4*
School administrators	95.9	94.7	93.6	95.6
Health education teachers	92.6	86.9	89.1	90.3
Physical education teachers	89.5	86.9	88.3	92.7
Nutrition or food service staff	90.6	75.6	76.2	68.0*
Parents or families of students	80.8	71.4	68.3	53.6*
Community members	77.6	65.9	63.5	51.1*
Local health departments or agencies	65.9	56.3	57.3	51.6*
Student body	69.4	60.9	55.3	45.7*
Mental health or social services staff	50.9	50.3	74.3	78.8**

Among the secondary schools that had a school health advisory group, the percentage of schools that did any of the following activities during the past year:

	2012	**2014**
Identified student health needs using relevant data	67.2	74.0
Recommended new or revised health and safety policies and activities to school administrators	69.8	73.8
Sought funding or leveraged resources to support health and safety priorities for students and staff	53.6	54.0
Communicated the importance of health and safety policies and activities to administrators, parents, teachers or community members	81.9	79.1
Reviewed health-related curricula or materials	79.0	70.1

Why these findings are important

"Impacting long-term health risks is not a simple task relegated exclusively to schools. Planning and implementing activities directed toward child and adolescent health needs, as well as school employees, requires that many people be involved. Collaborative efforts among family, community, and schools are the most effective approaches for both prevention and intervention." - Missouri Coordinated School Health Coalition

Key Resource

School Health Advisory Guide. Missouri Coordinated School Health Coalition publication. December 2008. Available at http://www.healthykidsmo.org/resources/SHAC/SHAC_Guide.pdf

*Statistically significant downward trend

**Statistically significant upward trend

School Health Program Assessment and Planning

There was a significant downward trend from 2008 to 2014 in the percentage of Missouri secondary schools that had ever used the **School Health Index** or another self-assessment tool to assess school policies, activities, and programs for physical activity, nutrition and tobacco-use prevention.

Percentage of schools that had assessed:	**2008**	**2010**	**2012**	**2014**
Physical activity	59.2	50.3	43.9	48.8*
Nutrition	59.0	47.0	44.4	46.5*
Tobacco-use prevention	54.3	45.4	42.8	40.0*
Asthma	37.4	31.7	29.8	32.7
Injury and violence prevention		38.5	39.2	40.7

The percentage of Missouri secondary schools that had a **School Improvement Plan** that included health-related objectives on each of the following topics:

	2010	**2012**	**2014**
Health education	49.9	41.4	44.9
Health services	47.9	40.9	45.4
Mental health and social services	38.8	38.1	42.1
Healthy and safe school environment	74.2	67.9	65.6*
Family and community involvement	76.8	70.9	69.2*
Faculty and staff health promotion	42.9	36.7	40.7
Physical education and physical activity	51.1	42.8	N/A
Physical education			47.1
Physical activity			40.5
Nutrition services and available foods	44.7	42.4	N/A
School meal program			42.3
Food and beverages available at school outside the school meal program			35.1

Why these findings are important

Conducting an assessment of school health programs and policies is essential for identifying areas to address in a school improvement plan. School improvement plans provide school staff and advisory groups with direction for improving programs and activities, and increases motivation when planned improvements are accomplished.

Key Resource

The *School Health Index (SHI): Self-Assessment & Planning Guide 2014.* U.S. Centers for Disease Control and Prevention Division of Adolescent and School Health. Available at http://www.cdc.gov/healthyyouth/shi/index.htm

*Statistically significant downward trend

School Health Policies and Practices

Tobacco-use Prevention

The percentage of secondary schools that had adopted a policy prohibiting tobacco use remained statistically unchanged from 2004 to 2014. Among schools that had adopted a policy, the percentage that prohibit tobacco use by students, staff and visitors on school property, in vehicles and at off-campus events increased significantly from 2004 to 2014.

Percentage of schools that:	**2004**	**2006**	**2008**	**2010**	**2012**	**2014**
Adopted a policy prohibiting tobacco use	97.4	98.3	99.7	96.7	99.0	96.8
Prohibit tobacco use by students, staff and visitors on school property and at off-site school events, among schools with policies	26.8	24.0	33.1	33.0	42.4	45.2*

From 2008 to 2014, there was no significant change in the percentage of secondary schools that provided cessation services for faculty and staff or students.

Percentage of schools that offer cessation services for:	**2008**	**2010**	**2012**	**2014**
Faculty and staff	15.7	14.5	15.6	18.9
Students	19.3	16.7	11.4	17.9

During the same period, there were no significant changes in the percentage of secondary schools that had arrangements with an organization or health care professionals not on school property to provide cessation services for faculty and staff or students.

Percentage of schools that arrange cessation for:	**2008**	**2010**	**2012**	**2014**
Faculty and staff	20.2	22.8	23.2	25.4
Students	25.4	23.6	21.6	19.4

Why these findings are important

Eliminating tobacco use on school property and at off-campus events reduces exposure to secondhand smoke as well as decreasing role modeling of use for young people. Schools that provide for tobacco cessation services for students and staff produce an immediate health benefit and are among the most cost effective preventive services available.

Key Resources

A school tobacco policy index is available at http://cphss.wustl.edu/Products/Pages/Tools.aspx
Quit assistance resources available at http://www.cdc.gov/tobacco/quit_smoking/index.htm

*Statistically significant upward trend

Nutrition

The percentage of secondary schools in which students could purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen or snack bar declined significantly from 2004 to 2014.

2004-90.2 2006-87.1 2008-83.6 2010-75.2 2012-79.5 2014-68.9*

Significant changes have occurred in the types of snack foods and beverages that students can purchase at secondary schools.

Percentage of schools allowing students to purchase:	**2004**	**2006**	**2008**	**2010**	**2012**	**2014**
Chocolate candy	61.8	50.8	31.3	33.2	38.3	30.8*
Other kinds of candy	64.1	54.9	36.4	37.5	39.9	34.0*
Salty snacks not low in fat (e.g., regular potato chips)	68.4	60.9	38.9	38.7	41.4	36.8*
2% or whole milk (plain or flavored)		50.2	47.3	37.2	33.3	28.7*
Soda pop or fruit drinks that are not 100% juice		74.2	54.9	43.8	46.0	36.2*
Sports drinks (e.g., Gatorade)		76.2	75.6	63.9	65.8	56.0*
Foods or beverages containing caffeine			47.9	38.4	39.8	31.9*
Fruits (not fruit juice)			33.9	31.0	34.9	26.6
Non-fried vegetables (not vegetable juice)			25.0	21.0	23.3	20.0
Crackers, pastries and other baked goods not low in fat			42.7	41.9	43.3	34.1*
Ice cream or frozen yogurt not low in fat			26.3	18.3	20.5	17.4*
Water ices or frozen slushes that do not contain juice			19.7	14.7	17.5	11.9*
Low sodium or “no salt added” pretzels, chips, crackers						43.4
Nonfat or 1% (low fat) milk (plain)						40.7
Energy drinks (e.g., Red Bull, Monster)						3.6
Bottled water						64.7
100% fruit or vegetable juice						43.5

From 2008 to 2012, there was a significant downward trend in the percentage of secondary schools that always or almost always offered fruits or non-fried vegetables at school celebrations when foods or beverages were offered. However, a significant increase occurred from 2012 to 2014.

2008 - 29.0 2010 – 23.9 2012 - 19.0* 2014 – 28.7**

The percentage of secondary schools that permit students to have a drinking water bottle with them during the school day:

2012 – 86.7 2014 – 91.7

From 2012 to 2014, there was a significant increase in the percentage of secondary schools that prohibit advertisements for candy, fast food restaurants, or soft drinks in buildings, publications and vehicles.

Percentage of schools prohibiting advertising:	**2008**	**2010**	**2012**	**2014**
In school building	54.5	53.2	48.0	57.5**
On school grounds	46.6	45.0	41.7	48.6
In school publications	55.7	50.7	46.5	56.0**
On school buses or other vehicles	64.5	61.4	58.4	66.8**

*Statistically significant downward trend
**Statistically significant increase from 2012

The percentage of secondary schools that had done any of the following in the current school year:	2008	2010	2012	2014
Priced nutritious foods lower than less nutritious foods	11.4	7.2	8.9	14.2
Asked students, families and staff for food preferences	55.5	48.4	46.8	44.2*
Informed students or families of nutritional content of foods	47.6	44.1	52.3	54.3**
Conducted taste tests for food preferences for nutritious items	20.5	17.2	24.2	28.2**
Allowed students to visit the cafeteria to learn about nutrition	17.9	18.7	17.5	22.1
Served locally or regionally grown foods in cafeteria or classes			32.0	32.4
Planted a school food or vegetable garden			14.3	24.5***
Placed fruits and vegetables near the cafeteria cashier for easy access			60.8	68.7***
Used attractive displays for fruits and vegetables in the cafeteria			50.6	60.8***
Offered a self-serve salad bar to students			53.4	55.1
Labeled healthful foods with appealing names			28.8	36.9***
Encouraged students to drink plain water				71.7
Prohibited staff from giving students food or food coupons as rewards				23.5
Prohibited less nutritious foods and beverages to be sold for fundraising				25.9

Why these findings are important

When providing foods and beverages for students, schools have an obligation to offer that which is nutritious. Good nutrition contributes to students' ability to learn. Additionally, foods and beverages high in calories and low in nutritional value contribute to obesity, which is a growing concern in Missouri.

Key Resources

Model local wellness policies from The National Alliance for Nutrition and Activity available at http://www.schoolwellnesspolicies.org/WellnessPolicies.html and Team Nutrition available at http://teamnutrition.usda.gov/healthy/wellnesspolicy.html

Policy, school meals, competitive foods and beverages and other school wellness topic resources available from the Alliance for a Healthier Generation Healthy Schools Program at https://schools.healthiergeneration.org/

*Statistically significant downward trend
**Statistically significant upward trend
***Statistically significant increase from 2012

Opportunities for Physical Activity outside of Physical Education Class

There has been a significant decline in the percentage of secondary schools that offered physical activity opportunities through intramural and interscholastic sports. In 2014, intramurals were offered by 69.9 percent of middle schools, 40.0 percent of junior/senior high schools and 44.4 percent of high schools. Interscholastic sports were offered in 2014 by 80.3 percent of middle schools, 69.5 percent of junior/senior high schools and 87.7 percent of high schools. Also in 2014, physical activity breaks in classrooms were provided by 54.3 percent of middle schools, 47.2 percent of junior/senior highs and only 22.1 percent of high schools.

The percentage of all secondary schools that:	**2008**	**2010**	**2012**	**2014**
Offer intramural sports or physical activity clubs	58.8	62.8	51.8	54.2*
Offer interscholastic sports			90.0	79.7**
Have physical activity breaks in classrooms other than PE			37.7	42.6
Have a joint use agreement for shared use of school or community physical activity facilities			60.8	56.0

Why these findings are important

Because students may not attend physical education classes daily, students need opportunities to be physically active before, during or after school.

Key Resources

Comprehensive School Physical Activity Programs: Helping All Students Achieve 60 Minutes of Physical Activity Each Day. American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). Available at: http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4726

The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance. U.S. Department of Health & Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Available at: http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf

Parent and Family Education and Engagement

The percentage of secondary schools that during the current school year provided parents and families with health information designed to increase parent and family knowledge in these topics:

	2008	**2010**	**2012**	**2014**
HIV, STD, or teen pregnancy prevention	30.6	25.7	14.4	21.6***
Tobacco-use prevention	37.2	32.9	23.0	25.2*
Physical activity	44.1	46.8	38.0	40.6
Nutrition and healthy eating	45.6	46.7	35.5	40.9
Asthma	21.1	24.5	22.8	23.6

*Statistically significant downward trend
**Statistically significant decrease from 2012
***Statistically significant increase from 2012

Why these findings are important
"School efforts to promote health among students have been shown to be more successful when parents are involved." - Strategies for Involving Parents in School Health. Centers for Disease Control and Prevention.

Key Resource
Parent Engagement: Strategies for Involving Parents in School Health. CDC. Available at: http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf

Health Services

The percentage of secondary schools that had a full-time registered nurse who provided health services to students did not change significantly from 2008 to 2014.

2008-79.0 2010-75.8 2012-73.9 2014-75.2

In 2012 and 2014, a greater percentage of secondary schools referred students to health professionals not on school property for the following services than those that provided the services at school.

For the following, the percentage of schools that	**Provided services**		**Provided referral**	
	2012	**2014**	**2012**	**2014**
HIV testing	4.1	4.0	47.7	45.0
Pregnancy testing	3.9	4.4	51.1	48.9
Provision of condoms	1.7	2.1	33.0	30.4
Provision of contraceptives other than condoms	1.4	1.0	33.5	30.6
Prenatal care	6.7	6.1	53.5	45.4*
Human papillomavirus (HPV) vaccine administration	1.3	2.9	40.9	40.5

School health service programs use school records to identify and track students with diagnosed chronic conditions and also refer students with diagnosed or suspected chronic conditions to health care professionals not on school property.

For the following, percentage of schools in 2014 that	**Tracked students**	**Referred students**
Asthma	97.9	56.2
Food allergies	97.9	55.9
Diabetes	97.5	55.9
Epilepsy or seizure disorder	97.4	55.9
Obesity	53.8	46.9
Hypertension/high blood pressure	84.6	53.9

In 2014, 70.2 percent of secondary schools linked parents and families to health services and programs in the community. Also in 2014, 65.2 percent of secondary schools had a protocol that ensured students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) were enrolled in private, state, or federally funded insurance programs, if eligible.

Why these findings are important
School health programs provide students and their families with support that keep students in school.

*Statistically significant decrease from 2012

HIV Prevention and Sexual Orientation

The percentage of secondary schools that adopted a policy that addresses the following:	**2008**	**2010**	**2012**	**2014**
Attendance of students with HIV infection	60.8	54.9	64.2	58.1
Procedures to protect HIV-infected students and staff from discrimination	70.5	66.6	71.5	70.2
Maintaining confidentiality of HIV-infected students and staff	77.5	79.5	77.6	75.7

The percentage of secondary schools that engage in any of the following practices:	**2008**	**2010**	**2012**	**2014**
Offer a student-led club that aims to create a safe and accepting school environment for all youth regardless of sexual orientation and gender identity	18.2	19.1	14.1	20.1
Identify "safe spaces" (e.g., counselor's office) where LGBTQ[1] youth can receive support from administrators, teachers or other staff		41.9	48.2	56.9*
Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity		81.6	85.1	84.9
Encourage staff to attend professional development on safe and supportive environments for all students, regardless of sexual orientation or gender identity		49.1	50.8	55.7
Facilitate off-campus access to providers who have experience in providing health services including HIV/STD testing and counseling to LGBTQ youth		40.3	40.0	42.2
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth		41.3	44.8	45.7

Why these findings are important

A safe and supportive school environment is essential for all students to be able to learn. Discrimination against all students and staff, regardless of sexual orientation or gender identity must be prevented.

Key Resources

Missouri Gay Straight Alliance (GSA) Network http://www.mogsanet.dreamhosters.com/

Gay, Lesbian and Straight Education Network (GLSEN) Missouri Chapters in Kansas City and Springfield http://www.glsen.org/

[1] LGBTQ=Lesbian, Gay, Bisexual, Transgender, or Questioning sexual orientation

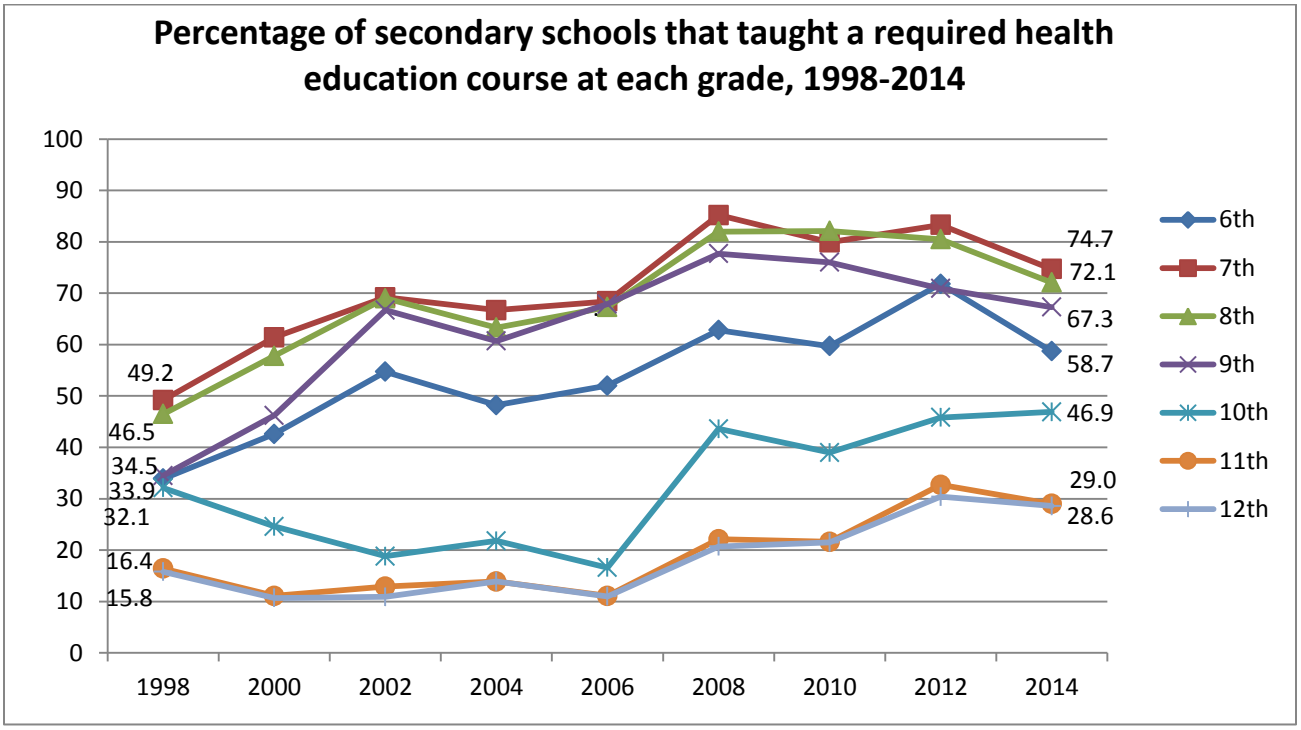
*Statistically significant upward trend

Curriculum and Instruction

Health Education

Health education instruction has increased in Missouri secondary schools since 1998. There was a significant upward trend in the percentage of secondary schools in which students took two or more required health education courses from 32.7 percent in 1998 to 58.8 percent in 2014.

There were also significant upward trends in the percentage of secondary schools that taught a required health education course at each grade six through 12. However, the percentage of schools that taught required health education declined significantly from 2012 to 2014 at the sixth grade (71.8 to 58.7) and at the seventh grade (83.3 to 74.7), and from 2010 to 2014 at the eighth grade (82.1 to72.1).



Since 2004, there has been a significant upward trend in the percentage of secondary schools in which students must repeat a failed health education course, among schools that require health education.

2004-56.3 2006-57.3 2008-65.5 2010-67.1 2012-68.7 2014-69.7*

The percentage of secondary schools in which those who teach health education were provided the following:	**2008**	**2010**	**2012**	**2014**
Goals, objectives and expected outcomes for health education	94.1	94.3	90.9	88.4**
Annual scope and sequence of instruction for health education	76.3	70.6	70.8	64.7**
Plans for how to assess student performance in health education	81.7	76.6	76.0	71.8**
A written health education curriculum	90.1	87.2	87.6	78.1**

*Statistically significant upward trend

**Statistically significant downward trend

There was a downward trend from 2008 to 2014 in the percentage of secondary schools that taught several of the following health topics in a required course in any of grades six through 12.

Percentage of schools teaching health topic:	**2008**	**2010**	**2012**	**2014**
Alcohol or other drug use prevention	98.1	98.3	96.7	90.6*
Asthma	60.5	72.2	66.0	63.7
Emotional and mental health	95.2	94.1	94.7	87.8*
Foodborne illness prevention	83.3	83.7	81.3	76.6*
Human immunodeficiency virus (HIV) prevention	93.1	93.4	92.7	86.5*
Human sexuality	82.8	84.6	79.8	71.3*
Infectious disease prevention (e.g., flu prevention)			92.9	87.7**
Injury prevention and safety	94.5	94.4	92.2	87.5*
Nutrition and dietary behavior	99.7	99.0	98.3	95.3*
Physical activity and fitness	100.0	100.0	99.3	96.1*
Pregnancy prevention	83.0	86.6	83.1	76.3*
Sexually transmitted disease (STD) prevention	91.7	91.9	92.2	85.5*
Suicide prevention	80.3	79.2	78.6	78.9
Tobacco-use prevention	98.4	97.9	97.4	91.8*
Violence prevention (e.g., bullying, fighting, or dating violence prevention)	92.1	91.4	93.1	90.2

The percentage of secondary schools in which the health curriculum addresses the following skills:	**2008**	**2010**	**2012**	**2014**
Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	93.7	95.9	97.1	90.5
Accessing valid information, products and services to enhance health	89.2	91.0	90.5	86.7
Using interpersonal communication skills to enhance health and avoid or reduce health risks	93.1	93.2	96.1	89.7
Using decision-making skills to enhance health	96.0	98.3	96.7	91.3*
Using goal-setting skills to enhance health	92.8	96.4	94.7	87.3*
Practicing health-enhancing behaviors	95.6	97.7	96.4	90.2*
Advocating for personal, family and community health	92.2	93.9	91.2	86.0*

Why these findings are important

A planned, sequential health education curriculum from kindergarten through grade twelve is essential for ensuring that students acquire the knowledge and skills to live a healthy, productive life.

Key Resources

National Health Education Standards. Available from Society of Health and Physical Educators (SHAPE) website at http://www.shapeamerica.org/standards/health/

Health Education Curriculum Analysis Tool. U.S. Centers for Disease Control and Prevention Division of Adolescent and School Health. Available at http://www.cdc.gov/healthyyouth/cshp/publications.htm

*Statistically significant downward trend

**Statistically significant decrease 2012 to 2014

Physical Education

From 2004 to 2014, there were significant increases in the percentage of secondary schools that taught required physical education at grades 11 and 12, but no changes in the other grades.

Percentage of schools that taught required PE in following grades:	2004	2006	2008	2010	2012	2014
6th	97.6	96.8	98.7	99.0	99.3	97.5
7th	98.8	98.3	99.1	100	100	97.3
8th	97.9	98.3	98.7	100	100	97.3
9th	93.3	94.0	92.7	94.3	93.3	92.4
10th	51.9	48.8	52.8	63.1	53.0	58.5
11th	34.8	29.0	38.4	50.4	41.7	52.1*
12th	34.6	30.3	39.2	49.9	41.0	52.5*

There was a significant downward trend in the percentage of secondary schools that provided physical education teachers with several essential curriculum materials.

The percentage of secondary schools that provided physical education teachers the following for physical education instruction:	2008	2010	2012	2014
Goals, objectives and expected outcomes	97.9	96.1	97.0	93.2**
Annual scope and sequence of instruction	84.7	80.6	83.3	75.1**
Plans for how to assess student performance	88.6	88.9	89.6	85.5
A written physical education curriculum	96.3	92.3	92.4	88.9**

In 2014, 61.6 percent of secondary schools prohibited staff from excluding students from physical education or physical activity as punishment for bad behavior or to complete class work in another class.

Why these findings are important

"The goal of physical education is to develop physically educated individuals who have the knowledge, skills and confidence to enjoy a lifetime of physical activity." Physical Education is Critical to Educating the Whole Child position statement. Society of Health and Physical Educators (SHAPE). Accessed August 25, 2014 at http://www.shapeamerica.org/advocacy/positionstatements/pe/

Key Resources

Physical Education Curriculum Analysis Tool. Centers for Disease Control and Prevention Division of Adolescent and School Health. Available at http://www.cdc.gov/healthyyouth/cshp/publications.htm

Physical Education resources. Society of Health and Physical Educators (SHAPE) website at http://www.shapeamerica.org/

*Statistically significant upward trend
**Statistically significant downward trend

HIV, other STDs and Pregnancy Prevention

There was a significant downward trend in the percentage of secondary schools in which teachers taught several HIV, other STDs, or pregnancy prevention topics in a required course for students in any of **grades 6, 7, or 8** during the current school year. However, there were significant increases from 2012 to 2014 in the percentage of schools that taught three condom-related topics.

	2008	2010	2012	2014
How HIV and other STDs are transmitted	85.0	79.1	77.8	69.8*
Health consequences of HIV, other STDs and pregnancy	83.2	79.0	74.7	71.5*
The benefits of being sexually abstinent	81.1	79.3	80.9	71.6*
How to access valid and reliable information, products and services related to HIV, other STDs and pregnancy	71.5	64.9	61.3	61.3*
Communication and negotiation skills related to eliminating or reducing risk for HIV, STDs & pregnancy	73.2	66.8	63.6	62.3*
Goal-setting and decision-making skills for reducing the risk for HIV, other STDs and pregnancy	75.0	71.3	65.3	61.2*
Efficacy of condoms (how well they work and don't work)		40.4	41.9	43.8
Importance of using condoms consistently and correctly		32.1	31.0	31.0
How to obtain condoms		19.8	11.8	22.2**
How to correctly use a condom		16.0	7.3	15.3**
Importance of using a condom with another contraceptive to prevent both STDs and pregnancy			20.3	31.5**

For some of the following HIV, other STD or pregnancy prevention topics, there was a significant downward trend in the percentage of secondary schools in which teachers taught the topics in a required course for students in any of **grades 9-12** during the current school year.

	2008	2010	2012	2014
How HIV and other STDs are transmitted		97.5	96.7	92.7*
Health consequences of HIV, other STDs and pregnancy		97.5	94.2	92.7*
The benefits of being sexually abstinent	94.0	97.5	96.8	92.6
How to access valid and reliable information, products and services related to HIV, other STDs and pregnancy	87.4	92.5	89.1	89.2
Communication and negotiation skills related to eliminating or reducing risk for HIV, STDs & pregnancy	91.8	89.2	87.8	84.3*
Goal-setting and decision making skills for reducing the Risk for HIV, other STDs and pregnancy	88.4	90.4	89.0	86.2
Efficacy of condoms (how well they work and don't work)	72.0	73.5	76.7	77.2
Importance of using condoms consistently and correctly	61.6	64.1	65.4	67.4
How to obtain condoms	47.8	47.3	44.3	49.0
How to correctly use a condom		38.3	33.2	39.4
Importance of using a condom with another contraceptive to prevent both STDs and pregnancy			92.2	89.6

*Statistically significant downward trend
**Statistically significant increase 2012 to 2014

The percentage of secondary schools that provide curricula or supplemental materials that include HIV, STD or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender and questioning youth increased significantly from 2012 to 2014.

2010-16.1 2012-12.7 2014-20.3*

The percentage of secondary schools in which teachers taught the following contraceptive topics in a required course for students in any of grades six through 12 during the current school year:	**2012**	**2014**
Birth control pill (e.g., OrthoTri-cyclen)	52.7	58.3
Birth control patch (e.g., Ortho Evra)	40.0	48.9
Birth control ring (e.g., NuvaRing)	36.8	43.0
Birth control shot (e.g., Depo-Provera)	42.6	50.7
Implants (e.g., Implanon)	35.1	42.4
Intrauterine device (IUD; e.g., Mirena, ParaGard)	35.0	50.6*
Emergency contraception (e.g., Plan B)	28.5	42.5*

Why these findings are important

"Evaluations of comprehensive sexuality education programs show that many of these programs can help youth delay the onset of sexual activity reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use." National Sexuality Education Standards Core Content and Skills K-12, p. 7.

Key Resource

National Sexuality Education Standards Core Content and Skills K-12. January 2012. American School Health Association. Available at http://www.futureofsexed.org/nationalstandards.html

*Statistically significant increase from 2012 to 2014

Professional Development

There was a significant downward trend in the percentage of secondary schools in which **physical education teachers** received professional development on physical education or physical activity during the two years before the survey from 90.1 percent in 2008 to 77.5 percent in 2014.

From 2008 to 2014, there were significant downward trends in the percentage of secondary schools in which the **lead health education teacher *received*** professional development on certain topics during the past two years as well as the percentage of schools in which teachers would like to receive training.

For each topic, percentage of schools in which the lead health teacher	**Received training**		**Would like training**	
	2008	**2014**	**2008**	**2014**
Alcohol or other drug-use prevention	43.6	29.9	76.1	61.4*
Asthma	25.1	21.2	55.3	42.8*
Emotional and mental health	44.5	33.2	66.9	63.6
Foodborne illness prevention	23.4	17.2	47.3	40.5
HIV prevention	35.6	16.8*	66.2	50.1*
Human sexuality	29.1	13.9*	60.7	49.4*
Infectious disease prevention	37.5 (2012)	28.6	51.9	49.5
Injury prevention and safety	52.0	41.4*	61.4	53.5*
Nutrition and dietary behavior	46.9	30.0*	71.3	61.4*
Physical activity and fitness	60.4	38.8*	69.0	61.6*
Pregnancy prevention	29.1	12.9*	62.3	49.8*
STD prevention	32.5	17.2*	68.9	53.5*
Suicide prevention	33.1	29.4	74.2	65.8*
Tobacco-use prevention	34.6	18.2*	69.0	54.0*
Violence prevention (bullying, fighting)	66.6	54.9	77.0	69.6

For most of the following instructional strategies, the percentage of secondary schools in which the **lead health education teacher *received*** professional development within the past two years was considerably less than the percentage of schools in which the teacher **would like to receive** training.

For each strategy, the percentage of schools in which the lead health teacher	**Received training**	**Would like training**
Teaching students with disabilities	49.7	59.4
Teaching students of various cultural backgrounds	39.5	43.6
Teaching students with limited English proficiency	20.3	39.3
Teaching students of different sexual orientations or gender identities	11.2	42.3
Encouraging family or community involvement	35.3	60.5
Using interactive teaching methods	53.0	57.1
Teaching skills for behavior change	42.7	61.0
Classroom management techniques	65.7	59.2
Assessing or evaluating students in health education	27.3	62.5

*Statistically significant downward trend from 2008

Why these findings are important
Professional development is essential for teachers to remain current in effective teaching methods and course content.

Key Resources for Professional Development
Missouri Coordinated School Health Coalition annual conference. http://www.healthykidsmo.org/

Missouri Association for Health, Physical Education, Recreation and Dance annual convention and Quality Health and Physical Education workshops. http://www.moahperd.org/index.php

Resources for health education professionals. American School Health Association. https://netforum.avectra.com/eWeb/DynamicPage.aspx?Site=ASHA1&WebCode=ASHAResources

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Craig Rector, Coordinator, Office of Quality Schools, Missouri Department of Elementary and Secondary Education (DESE)

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Janet Wilson, MEd, MPA, Youth Risk Behavior Survey (YRBS) Manager, Office of Epidemiology, Missouri Department of Health and Senior Services (DHSS)

Report Reviewers
Marjorie Cole, School Health Services Consultant, DHSS
Kathy Craig, Health Educator, DHSS
Janice Rehak, Curriculum Coordinator, DESE
Pat Simmons, Obesity Prevention Coordinator, DHSS
Andra Schmidt, Adolescent Health Program Coordinator, DHSS
Victoria Warren, Comprehensive Tobacco Control Program Coordinator, DHSS
Shumei Yun, MD, PhD, Public Health Epidemiologist, DHSS

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